EMPLOYEE VERIFICATION FOR PAID LEAVE DUE TO CORONAVIRUS (COVID) 2019
I, John Doe [Name of employee], hereby verify (check all that apply):
I meet the guidelines established by the Centers for Disease Control and Prevention to self-quarantine due to the coronavirus disease 2019 (COVID-19) based on the following criteria (check all that apply):
Within the last 14 days, I traveled from an area with COVID-19 transmission either in-state or out-of-state.
I have been in close contact with a person with a positive laboratory-confirmed COVID-19 infection. Close contact includes being within 6 feet of a COVID-19 case for a prolonged period of time or having direct contact with infectious secretions of a COVID-19 case, (e.g. being coughed on).
Note: As of March 7, 2020 the CDC does not recommend testing, symptom monitoring or special management for people exposed to <i>asymptomatic</i> people with potential exposures (i.e., contacts of contacts).
☐ I have tested positive for COVID-19.
I am experiencing the symptoms of COVID-19 including subjective or measured fever, cough, or difficulty breathing.
I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. SEATH HOME TO REDUCT (14 day a steel pawer storked)  Density at Vicole Stuppard (14 day a steel pawer storked)  Dates for COVID-19 Leave: March 24,2020 to April 16,2020
Please note: An employee may be required to telecommute during the self-quarantine period. If the employee is directed to telecommute and declines to do so, the employee must use their own accrued leave or be in a leave without pay status for the time in self-quarantine.
I agree that if I become sick (unrelated to COVID-19) while self-quarantined, I will notify my employer and my remaining time away while sick would be paid leave or leave without pay. Any misrepresentations provided as a basis for this request will be a basis for disciplinary action.
I declare under penalty of perjury under the laws of the state of Alaska the foregoing is true and correct.
Signed: John Dot Date: Maren 7  Print Name: John Dot City, State: Juneau, Ak
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